

# **EXHIBIT 6**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
WESTERN DIVISION

BRIAN WURZEL, )  
                  )  
                  )  
Plaintiff,      )  
                  )  
vs.               ) Case No. 3:09CV498  
                  )  
WHIRLPOOL CORPORATION, ) Judge Carr  
                  )  
                  )  
Defendant.      )

- - -  
DEPOSITION OF MARK G. ISSA, D.O., F.A.C.C.

DATE:     October 29, 2009 at 9:07 a.m.

PLACE:    Northwest Ohio Cardiology  
          Consultants  
          2940 North McCord Road  
          Toledo, Ohio

REPORTER: Casey G. Schreiner, RMR-RDR  
          Notary Public

1       But it's typically effort-related symptoms.

2           Q.     Effort-related symptoms, so physical  
3           exertion?

4           A.     Correct.

5           Q.     Mental exertion, stress or --

6           A.     It could do that.

7           Q.     Are there different types of angina?

8           A.     Again, there is angina that is related to  
9           obstructive coronary artery disease; and there is also  
10          angina that we call Prinzmetal angina that is related  
11          to the spasm in the artery.

12          Q.     So the first one you said was obstructive  
13          coronary artery disease?

14          A.     Disease, yes.

15          Q.     And that would be the form of angina more  
16          associated with physical exertion?

17          A.     Correct.

18          Q.     Okay. And then there is Prinzmetal?

19          A.     Spasm, yes. Instead of using the  
20          Prinzmetal, use spasm.

21          Q.     Prinzmetal or Prinzmetal's?

22          A.     Prinzmetal, P-r-i-n-z-m-e-t-a-l.

23          Q.     So that's associated with spasms?

24          A.     Correct.

1 Q. And that would be -- the form of  
2 Prinzmetal angina would be the form of angina which  
3 might exercise without warning or --

4 A. Exertion.

5 Q. -- exertion?

6 A. Correct.

7 Q. And when you say "spasm," can you  
8 describe what you mean by that?

9 A. Spasm is -- it's a narrowing in the  
10 artery --

11 Q. Uh-huh.

12 A. -- related to hyperactive smooth muscle  
13 in the arteries --

14 Q. I'm sorry. Hyperactive?

15 A. -- smooth muscle, so it causes a  
16 narrowing, but it's just a transient, and it has  
17 nothing to do with atherosclerotic disease.

18 Q. Understood. Am I correct in saying that  
19 there is really no way to predict when such a spasm  
20 might occur?

21 A. Correct.

22 Q. Okay. Now, the -- the angina more  
23 associated with obstructive coronary artery disease,  
24 is that what is commonly referred to as angina

1 visit, there are a couple of other medications listed,  
2 aspirin and fish oil. What are those designed to do  
3 in Mr. Wurzel's circumstance?

4 A. I mean, aspirin I prescribe because it  
5 was -- since he is smoker, I felt it would be good  
6 idea just to have it, to prevent stroke and also  
7 myocardial infarction.

8 Fish oil is antioxidant, and I prescribe  
9 majority of my patient that have also hyperlipidemia.

10 Q. Are you familiar with any side effect  
11 associated with the medications you've prescribed to  
12 Mr. Wurzel as of March of '08?

13 A. What is your question? Are you asking  
14 about if he had complained of any side effects?

15 Q. No, whether or not the medications he's  
16 taking at this point in time are associated with any  
17 particular side effects or potential side effects.

18 A. I mean, absolutely. Anytime I have  
19 prescribed a patient medication, I'm aware --

20 Q. What are the kind of side effects for the  
21 nitroglycerin?

22 A. Headache and hypotension.

23 Q. Dizziness?

24 A. Dizziness could be as a result of

1 hypotension, which could lead to dizziness,  
2 lightheadedness.

3 Q. Okay. And what about the Procardia?

4 A. Usually patients complain of edema in the  
5 lower extremity.

6 Q. What does that mean?

7 A. Swelling in the legs.

8 Q. Uh-huh.

9 A. Also, patient could complain of headache,  
10 other thing could be dizziness. I said that's why we  
11 started with a small dose, just to make sure the  
12 patient going to be able to tolerate.

13 Q. Of course.

14 A. And dizziness, lightheadedness, typically  
15 there's more predictable pattern to it, and the  
16 patient will describe orthostatic changes. That's  
17 when they change position, they get more dizzy,  
18 lightheaded.

19 Q. Do you know or do you recall whether  
20 Mr. Wurzel complained to you of experiencing any  
21 dizziness or lightheadedness?

22 A. I don't recall that.

23 Q. You don't recall one way or another or,  
24 no, he didn't?

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1           A.     I don't recall he complained of  
2     dizziness. Again, I don't have it in the chart, so I  
3     don't recall.

4           Q.     All right. Would that -- had he  
5     complained of that type of symptom, would that be  
6     something you would normally record in these -- the  
7     documents we're looking at?

8           A.     Typically, yes.

9           Q.     All right. Do you know if any of the  
10    medications in question come with any type of warning  
11    or caution about operating heavy machinery?

12          A.     I'm not aware of anything. I mean, I'm  
13    not aware of that, because usually both Procardia and  
14    nitrate is a very benign drug, and most of the -- very  
15    well-tolerated drugs, as well.

16          Q.     Do you know if they come with any type of  
17    cautionary or warning that they may cause dizziness?

18          A.     Well, I'm pretty sure if you look it up  
19    in the PDR, any drug, even Tylenol, is going to give  
20    you a warning.

21          Q.     Sure.

22          A.     So, I mean, sure, that's why the patient,  
23    they get the printout from the pharmacy. But again,  
24    just if you look at any drug, PDR is going to show you

1 A. Correct.

2 Q. And that, to you, indicated rare  
3 episodes?

4 A. I thought he was doing -- he was very  
5 stable on the medication, yes.

6 Q. Okay. Now, stable, not in the sense that  
7 he could predict when the spasms would occur, right?

8 A. I mean, nobody can predict that.

9 Q. Right. So what do you mean -- when you  
10 say you thought he was stable, what do you mean?

11 A. Because I did not feel there was any  
12 reason to adjust his medication. If I felt he was  
13 unstable in any way, then I would have considered  
14 changing his medication or his dosage. So I felt that  
15 he could be as stable as possible.

16 Q. Did Mr. Wurzel indicate to you that he  
17 had had to go to the health center at his job because  
18 of a spasm during this period of time?

19 A. No, it's not in the letter, so I don't  
20 remember.

21 Q. Okay. That he had a spasm to such a  
22 degree that he felt he couldn't work anymore, did he  
23 tell you that?

24 A. No.

1 than any other patient being treated for angina.

2 So Mr. Wurzel is being compared to other  
3 individuals with angina?

4 A. Yes.

5 Q. All right. Is an individual who suffers  
6 from angina, or Prinzmetal angina to be more specific,  
7 since that's what we're dealing with here, at greater  
8 risk for sudden incapacitation than an individual with  
9 no heart condition at all?

10 A. Slightly higher risk, yes.

11 Q. And so per this language, Mr. Wurzel is  
12 at the same risk for sudden incapacitation as any  
13 other person suffering from angina?

14 A. Correct.

15 Q. But he's at a greater risk for sudden  
16 incapacitation than someone who does not suffer from  
17 angina, would that be accurate?

18 A. Correct.

19 Q. So why is -- I guess, why he is being  
20 compared here to another individual with angina as  
21 opposed to someone who doesn't suffer from angina?

22 A. Basically I cannot say that his -- well,  
23 because he's on medication for angina, so I cannot say  
24 it's normal.

1       March 13, '08?

2           A.     I mean, I thought mainly just -- nothing  
3     that physical, that's what I remember. Nothing that  
4     physical, just drive and operate machines.

5           Q.     Did he tell you what type of vehicle he  
6     drove?

7           A.     We did not discuss that.

8           Q.     Did he tell you what type of machinery he  
9     operated?

10          A.     I did not ask this question either. And  
11     the other thing, I just -- we basically -- when the  
12     patient comes from follow-up, we ask if the patient  
13     able to perform the job.

14          Q.     You ask the patient that?

15          A.     I mean the patient, yeah.

16          Q.     Are you familiar with the work  
17     environment on the factory floor at Whirlpool?

18          A.     No, I'm not.

19          Q.     And I'm talking about the plant in Clyde,  
20     Ohio.

21          A.     No, I'm not.

22          Q.     Okay. Did he describe for you at all  
23     what the factory environment was within which he  
24     worked?

1 Q. Daily?

2 A. Uh-huh.

3 Q. So that would now fall outside of the  
4 rare spectrum?

5 A. Correct.

6 Q. And is that unusual for this type of  
7 condition for spasms to occur on a daily basis?

8 A. I mean, again, what's -- Prinzmetal is  
9 very unpredictable. We cannot predict how often it's  
10 going to happen.

11 Q. All right. Is the level of frequency  
12 that Mr. Wurzel is describing to you, is that an  
13 indicator in terms of the nature or severity of his  
14 condition?

15 A. It's -- it's not necessarily -- I mean,  
16 it varies. Like sometimes we see symptoms more  
17 occur -- as I said before, that occur more at  
18 nighttime, also seasonal, too.

19 Q. Seasonal?

20 A. Uh-huh.

21 Q. Okay.

22 A. I've seen people have more symptoms  
23 certain seasons than others.

24 Q. Which seasons?

1 Q. Okay.

2 A. And to me, that was -- he just was having  
3 frequent symptoms, so I didn't include.

4 Q. Well, did Mr. Wurzel ever tell you that  
5 he described his symptoms to the health center as  
6 including dizziness and lightheadedness?

7 A. I don't recall that dizziness,  
8 lightheaded, because that's not in my letter.

9 Q. And if I understood your previous  
10 testimony, that would be uncommon with Prinzmetal for  
11 someone to have dizziness or lightheadedness  
12 associated with the spasm?

13 A. Correct, yeah.

14 Q. So had you known that Mr. Wurzel was  
15 identifying those symptoms in conjunction with his  
16 condition, would that have changed your diagnosis or  
17 course of treatment of him?

18 A. I probably would have considered some  
19 other testing, too.

20 Q. Mr. Wurzel had his deposition taken back  
21 in September, and I will tell you that he also  
22 described dizziness and lightheadedness and fatigue as  
23 symptoms he experienced in connection with his angina.

24 What -- knowing that, does that change

1 through --

2 A. Yeah.

3 Q. -- had you known that Mr. Wurzel was  
4 experiencing dizziness, lightheadedness, fatigue, in  
5 connection with his spasms, would that have changed  
6 your opinion of his ability to return to work?

7 A. Would have, yes.

8 Q. It would have?

9 A. It would have, yes.

10 Q. In what regard?

11 A. I mean, if he's a machine operator, I  
12 mean, that would be -- if he's having like dizziness,  
13 lightheadedness, and especially if he had taken  
14 nitroglycerin, that could aggravate his dizziness.

15 Q. And so it would be unsafe for him to  
16 operate the machinery?

17 A. Possibly.

18 Q. Or for him to operate the towmotor?

19 A. Possibly.

20 Q. Especially around other people, right?  
21 Unsafe for himself and individuals around him?

22 A. It's possible.

23 Q. Okay. In those circumstances, if  
24 Mr. Wurzel is experiencing dizziness or

1 exceptions.

2 Q. Yeah, I understand. And I guess when I  
3 ask you that question, I'm asking you in the general  
4 or typical sense.

5 A. About five minutes.

6 Q. All right. And typically, the spasm is  
7 relieved by nitroglycerin?

8 A. Yes.

9 Q. How many tablets would an individual  
10 typically have to take in order to relieve his or her  
11 symptoms?

12 A. Sometimes it was just one nitroglycerin.

13 Q. Okay.

14 A. But you tell the patient they could take  
15 up to three, five minutes apart.

16 Q. Up to three, five minutes apart?

17 A. Yes.

18 Q. And if the symptoms have not relieved --

19 A. Then they need to call, go to the  
20 emergency room.

21 Q. They need to go to the ER, because what's  
22 happening at that point, or what potentially is  
23 happening at that point?

24 A. We don't know. There is all -- again, it

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1 could be just we're dealing with acute myocardial  
2 infarction. That's what we always are concerned  
3 about, the patient having myocardial infarction.

4 Q. And while the spasm is occurring, within  
5 that five-minute period while the patient is taking  
6 nitroglycerin, does the individual typically  
7 experience any symptoms other than chest pain?

8 A. Usually not.

9 Q. No. Does the individual typically  
10 experience a heightened level of fatigue once the  
11 spasm has concluded?

12 A. It could be related to nitroglycerin,  
13 because the patient's taken the nitroglycerin.

14 Q. Does the nitroglycerin cause fatigue?

15 A. If the patient's blood pressure drops,  
16 the nitroglycerin can cause some fatigue.

17 Q. Are you aware that Mr. Wurzel, on several  
18 occasions after having experienced a spasm at work,  
19 reported fatigue to such a degree that he had to go  
20 home?

21 A. No, not to go home. Again, I just don't  
22 recall those.

23 Q. Okay. Did you author -- well, strike  
24 that.

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1 have mentioned that, because that's  
2 something very common that we see in  
3 someone that takes nitroglycerin, that he  
4 might have some experience with mild  
5 dizziness, so I don't feel that's  
6 unusual.

7 MR. WIT: Can we take a short  
8 break?

9 MR. LANDRY: Yeah, sure.

10 (A brief recess was had.)

11 BY MR. WIT:

12 Q. We're on Exhibit 9, I think, which is  
13 your letter dated February 17, '09, reflecting a visit  
14 you had on February 13.

15 A. Yes.

16 Q. So this would have been the next time you  
17 see Mr. Wurzel after, I believe, June of '08; is that  
18 right?

19 A. No, we're -- okay.

20 Q. I'm saying the next time you see him; is  
21 that correct?

22 A. Yes.

23 Q. All right. And was this a regularly  
24 scheduled appointment?

1 tablet?

2 A. Yeah.

3 Q. And that's an indication to you that it  
4 is stable?

5 A. It is stable.

6 Q. All right. Did you ever tell Mr. Wurzel  
7 that he could take up to 30 nitroglycerin tablets in a  
8 day?

9 A. No, I didn't.

10 Q. No?

11 A. No.

12 Q. Would that --

13 A. Because we always tell them five minutes  
14 apart, up to three. That's a standard. We have also  
15 a handout about nitroglycerin.

16 Q. You do, okay.

17 A. Uh-huh.

18 Q. Is that something that you would  
19 recommend or state to a patient, that it was okay or  
20 permissible or safe to take up to 25 nitroglycerin  
21 tablets in a day?

22 A. No.

23 Q. No. Why not?

24 A. Because of blood pressure issues. Could

1 just from what I feel, that after we got the correct  
2 diagnosis for Mr. Wurzel and he is aware of his  
3 condition, I feel that he is being more --

4 Q. So if we look back, then, between the --  
5 when the condition is diagnosed to present day, do you  
6 believe he is restricted in any way in terms of what  
7 he can and can't do?

8 A. I don't feel he is restricted, no.

9 Q. So you feel he has no physical or mental  
10 restrictions whatsoever?

11 A. No.

12 Q. Is that correct?

13 A. Correct.

14 Q. Are you aware that Mr. Wurzel was sent  
15 for an independent medical evaluation in relation to  
16 his condition?

17 A. No.

18 Q. Do you know --

19 A. The only thing I remember, he said he was  
20 going to seek a second opinion through one of my  
21 partners. That is the only thing I remember.

22 Q. Do you know who that was?

23 A. It was Dr. Stockton.

24 Q. Do you know if he ever sought a second